

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN4706</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ISLAND HOME PARK HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1758 HILLWOOD DRIVE KNOXVILLE, TN 37920</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All facilities shall conform to the current edition of the following applicable codes as approved by the Board for Licensing Health Care Facilities: International Building Code (excluding Chapters 1 and 11) including referenced International Fuel Gas Code, International Mechanical Code, and International Plumbing Code; National Fire Protection Association (NFPA) NFPA 101 Life Safety Code excluding referenced NFPA 5000; Guidelines for Design and Construction of Health Care Facilities(FGI) including referenced Codes and Standards; U.S. Public Health Service Food Code; and Americans with Disabilities Act (ADA) Standards for Accessible Design. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes, regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure at least 50 percent of patient bedrooms and toilets, and all public use and common use areas are required to be designed and constructed to be accessible. (ADA 6.1.(3))</p> <p>The findings include: Observation and interview on 6/13/2016 at 5:40 AM confirmed resident room doors to 50% of the resident rooms were not provided with operating controls have a shape that is easy to grasp with one hand and does not require tight grasping,</p>	N 832	<p><b>Disclaimer</b> This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding taken:</p> <p>It is the practice of this facility to ensure that at least 50% of patient bedrooms and all public use and common use areas have door handles that are designed and constructed to be accessible by ADA standards.</p> <p>ADA-compliant door handles were ordered on 6/15/16. 50% of all the resident rooms have the appropriate ADA compliant operating controls will be completed by the maintenance by 7/15/16.</p>	7/15/16	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0899

0U3921

If continuation sheet 1 of 2

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N 832	Continued From page 1  tight pinching, or twisting of the wrist to operate. (ADA 4.13.9) This finding was verified by the Facilities Supervisor and acknowledged by the Administrator during the exit conference on 6/13/2016.	N 832			